

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HEALTH AND HUMAN SERVICE AGENCY

Division/Unit: Children's Mental Health Services - Southeast

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	2	Hours	20	X	\$18.04	=	\$24,534.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Counseling, case management, community outreach

Student A - 32 wks/20 hrs wk = 640 hours

Student B - 36 wks/20 hrs wk = 720 hours

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.		Hours		X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Clerical, reception, and medical records services

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>640</u>	<u>\$11,546</u>
<u>1</u>	<u>720</u>	<u>\$12,989</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	2	Total Hours	1360	Total Value	\$24,534.40
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours	640	X	Rate	\$26/hr	\$42,552.00
Hours	720			\$35.99/hr	

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours		X	Rate	\$0.00
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$42,552.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$24,534.40

b Total of Donations to Volunteer Program, Item 3 \$0.00

c Subtract Total of program Costs, Item 4d \$42,552.00

TOTAL PROGRAM BENEFIT:

-\$18,017.60

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6. **RECRUITING:**

Please describe your recruiting programs:

Ongoing communication with several graduate schools in the San Diego area.

_____7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**
Please describe any special activities and/or achievements your program was involved in during the period of this report:

_____8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:We are currently seeking a graduate level student for the Sept. 06 to May 07 school year.
We have not held any interviews yet.

_____9. **GENERAL INFORMATION:**

Name of person completing report:

Anne Fitzgerald LCSWPhone: 619 595 4400Mail Stop: 3545E-Mail: anne.fitzgerald@sdcounty.ca.gov

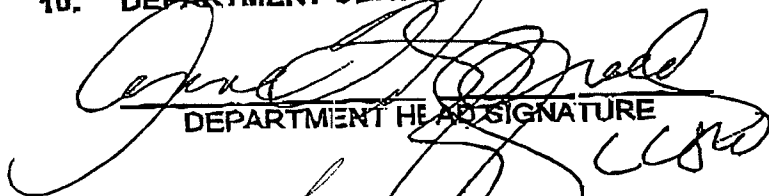
Volunteer Coordinator:

above

Phone: _____

Mail Stop: _____

E-Mail: _____

10. **DEPARTMENT CERTIFICATION:**
DEPARTMENT HEAD SIGNATURE7.19.06

DATE

In Reply Alfredo Aguirre 7-19-06

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